

<i>SERFF Tracking Number:</i>	<i>AEGG-128502706</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Transamerica Life Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Portability Option Rider</i>		
<i>Project Name/Number:</i>	<i>Portability Option Rider/CRDIPO00</i>		

## Filing at a Glance

Company: Transamerica Life Insurance Company

Product Name: Portability Option Rider

SERFF Tr Num: AEGG-128502706 State: Arkansas

TOI: H11G Group Health - Disability Income

SERFF Status: Closed-Approved-  
Closed

Sub-TOI: H11G.002 Short Term

Co Tr Num:

State Status: Approved-Closed

Filing Type: Form

Author: Patsy Napier

Reviewer(s): Rosalind Minor

Date Submitted: 06/22/2012

Disposition Date: 06/22/2012

Disposition Status: Approved-  
Closed

Implementation Date Requested: 08/21/2012

Implementation Date:

State Filing Description:

## General Information

Project Name: Portability Option Rider

Status of Filing in Domicile: Pending

Project Number: CRDIPO00

Date Approved in Domicile:

Requested Filing Mode: Review & Approval

Domicile Status Comments:

Explanation for Combination/Other:

Market Type: Group

Submission Type: New Submission

Group Market Size: Small and Large

Group Market Type: Employer, Association, Other

Explanation for Other Group Market Type:

Labor Unions/Credit Unions

Overall Rate Impact:

Filing Status Changed: 06/22/2012

State Status Changed: 06/22/2012

Deemer Date:

Created By: Patsy Napier

Submitted By: Patsy Napier

Corresponding Filing Tracking Number:

Filing Description:

RE: TRANSAMERICA LIFE INSURANCE COMPANY

NAIC: 468-86231 FEIN: 39-0989781

NEW GROUP HEALTH DISABILITY RIDER FILING

CRDIPO00 – Portability Benefit Rider

The above-referenced form is transmitted via SERFF for your review and approval. This is a new form and not intended

SERFF Tracking Number: AEGG-128502706 State: Arkansas  
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TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term  
Product Name: Portability Option Rider  
Project Name/Number: Portability Option Rider/CRDIPO00

to replace any form previously approved by the Department. No part of this filing contains unusual or controversial items that vary from normal company or industry standards.

CRDIPO00 – This is an optional Portability Benefit Rider that will be offered with and attached to our Group Short Term Disability Income policy and certificate, forms CPDI0100 and CCDI0100, which were approved by your Department on July 11, 2006 (SERFF Tracking # SERT-6QXJS6028).

This optional rider will be offered to the group master policyholder. If purchased by the group policyholder, a terminating insured will have the option of continuing his coverage by paying the premium directly to us.

This rider will be available to the same markets as the underlying disability income policy form: employees or members of employers, associations, labor unions as permitted under the laws of your state. This rider will be marketed to individual employees/members in a Worksite Marketing solicitation.

The only variable items bracketed in the Rider are the addresses of the Home Office and Administrative Office as well as the named officers and their titles to facilitate any future change.

Minor modifications in paper size, stock, ink, border, Company logo, signatures, and column formatting to accommodate system needs may occur.

To the best of our knowledge, this filing is complete and intended to comply with the insurance laws of your state. If you have any questions, please do not hesitate to contact me.

Sincerely,

Patsy J. Napier FLMI, AIRC, HIA, CCP  
Senior Product Manager, Contract Compliance  
Product Implementation Department  
Transamerica Life Insurance Company  
Telephone: 800-400-3042 x127-1664  
Email: patsy.napier@transamerica.com  
State Narrative:

## Company and Contact

### Filing Contact Information

Patsy Napier, Senior Contract Analyst pnapier@aegonusa.com  
PO Box 8063 501-227-1664 [Phone]

SERFF Tracking Number: AEGG-128502706 State: Arkansas  
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 Product Name: Portability Option Rider  
 Project Name/Number: Portability Option Rider/CRDIP000

Little Rock, AR 72203-8063 501-227-1097 [FAX]

### Filing Company Information

Transamerica Life Insurance Company	CoCode: 86231	State of Domicile: Iowa
PO Box 8063	Group Code: 468	Company Type: Life and Health
Little Rock, AR 72203-8063	Group Name:	State ID Number:
(501) 227-1106 ext. [Phone]	FEIN Number: 39-0989781	

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### Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	1 rider form @ \$50.00
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Transamerica Life Insurance Company	\$50.00	06/22/2012	60358604

<i>SERFF Tracking Number:</i>	<i>AEGG-128502706</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>			
<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
<i>Product Name:</i>	<i>Portability Option Rider</i>		
<i>Project Name/Number:</i>	<i>Portability Option Rider/CRDIP000</i>		

## Correspondence Summary

### Dispositions

<b>Status</b>	<b>Created By</b>	<b>Created On</b>	<b>Date Submitted</b>
Approved-Closed	Rosalind Minor	06/22/2012	06/22/2012

<i>SERFF Tracking Number:</i>	<i>AEGG-128502706</i>	<i>State:</i>	<i>Arkansas</i>
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## **Disposition**

Disposition Date: 06/22/2012

Implementation Date:

Status: Approved-Closed

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>AEGG-128502706</i>	<i>State:</i>	<i>Arkansas</i>
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<i>TOI:</i>	<i>H11G Group Health - Disability Income</i>	<i>Sub-TOI:</i>	<i>H11G.002 Short Term</i>
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<b>Schedule</b>	<b>Schedule Item</b>	<b>Schedule Item Status</b>	<b>Public Access</b>
<b>Supporting Document</b>	Flesch Certification	Approved-Closed	Yes
<b>Supporting Document</b>	Application	Approved-Closed	Yes
<b>Form</b>	Portability Benefit Rider	Approved-Closed	Yes

SERFF Tracking Number: AEGG-128502706 State: Arkansas

Filing Company: Transamerica Life Insurance Company State Tracking Number:

Company Tracking Number:

TOI: H11G Group Health - Disability Income Sub-TOI: H11G.002 Short Term

Product Name: Portability Option Rider

Project Name/Number: Portability Option Rider/CRDIPO00

## Form Schedule

### Lead Form Number:

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Approved-Closed 06/22/2012	CRDIPO00	Certificate	Portability Benefit Amendmen Rider t, Insert Page, Endorseme nt or Rider	Initial		60.500	CRDIPO00 Portability Rider 6-19- 2012.pdf

# TRANSAMERICA LIFE INSURANCE COMPANY

Home Office: [Cedar Rapids, IA 52499]  
Administrative Office: [1400 Centerview Drive, PO Box 8063, Little Rock, AR 72203-8063]  
(Hereinafter called "the Company," "We," "Us," or "Our")

## PORTABILITY OPTION BENEFIT RIDER

This Rider is attached to and made part of the Contract as of the Effective Date described in this Rider. It is issued in consideration of the Application and payment of any required initial premium. Except as shown in this Rider, the provisions of the Contract will prevail.

### DEFINITIONS

In addition to the definitions contained in the Contract, the following definitions apply to this Rider:

**Contract** – The Policy or any Certificate, if applicable, to which this Rider is attached.

**Activities of Daily Living or ADLs** – Activities that are performed without Direct Personal Assistance, allowing personal independence in everyday living. Activities of Daily Living are used in measuring levels of personal functioning capacity.

ADLs include:

1. Bathing - The ability of the person to wash himself or herself by sponge bath, either in a tub or shower, including the task of getting into and out of the tub or shower.
2. Continence - The ability to maintain control of bowel and bladder function; or, when unable to maintain control of bowel or bladder function, the ability to perform associated personal hygiene (including caring for catheter or colostomy bag).
3. Dressing - The ability to put on and take off all items of clothing and any necessary braces, fasteners or artificial limbs.
4. Eating - The ability of a person to feed himself or herself by getting food into his or her body from a receptacle (such as a plate, cup or table) or by a feeding tube or intravenously.
5. Toileting - The ability to get to and from the toilet, to get on and off the toilet, and to perform associated personal hygiene.
6. Transferring - The ability to move into or out of a bed, chair or wheelchair.

**Direct Personal Assistance** – The Insured is considered to need Direct Personal Assistance in performing ADLs when:

1. The Insured requires direct physical assistance from another party to help perform an ADL, each and every time the activity is performed; and
2. The Insured cannot perform the entire activity alone with the supports and mechanical aids that are normally available.

**Total Disability or Totally Disabled** – The definition of Total Disability or Totally Disabled in the Contract applies to Insureds who are employed full-time at the onset of Total Disability.

If not employed full time at the onset of Total Disability, Total Disability or Totally Disabled mean the Insured's inability to perform two or more ADLs without Direct Personal Assistance, as certified by a Physician.

### PORTABILITY OPTION

If the Insured loses eligibility for this insurance for any reason other than nonpayment of premiums, the Insured will have the option to continue the Certificate (including any Riders, if applicable) by paying the premiums directly to Us at Our Administrative Office within 31 days after this insurance terminates. We will bill the Insured for these premiums after We are notified to continue this coverage. The premium the Insured pays directly to Us may exceed the premium that was paid through the Policyholder due to increased administrative costs for direct billing. If the Insured does not pay the premium for the continuation of coverage under this Option, the Insured's coverage will cease, subject to the Grace Period.



## PREMIUMS

Upon exercising the Portability Option, the following Premium Provision will apply to the Insured's Contract.

All premiums are payable on or before the date they are due.

We have the right to change the premium rates on any premium due date in accordance with the terms of the Policy. If the rates are changed, We will give the Insured at least a 60-day advance written notice.

If the premiums increase because a change in benefits increases our liability, premium rates may be changed on the date that Our liability is increased.

## EFFECTIVE DATE

This Rider becomes effective on the same date as the Contract's Effective Date unless We inform the Insured in writing of a different date.

## TERMINATION OF INSURANCE

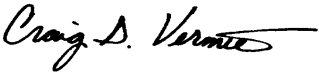
Upon exercising the Portability Option, the following Termination of Insurance Provision will apply to the Insured's Contract.


Insurance will cease on the earliest of:

1. The Policy Anniversary Date following the Insured's 70<sup>th</sup> birthday;
2. The date of the Insured's death;
3. The last date for which premium payment has been made to Us, subject to the Grace Period; or
4. The date the Insured sends Us a written notice to cancel coverage.

Termination of the Contract and/or Rider by Us will not affect any claim or loss which commenced while the Contract and/or Rider were in force.

This Rider is signed for the Company at Our Home Office to take effect on the Rider Effective Date.

  
[General Counsel and Secretary]

  
[President]

SERFF Tracking Number:	AEGG-128502706	State:	Arkansas
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## Supporting Document Schedules

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Flesch Certification	Approved-Closed	06/22/2012
<b>Comments:</b>		
<b>Attachment:</b>		
Readability Certification Port Rider 6-19-2012.pdf		

	<b>Item Status:</b>	<b>Status</b>
		<b>Date:</b>
<b>Satisfied - Item:</b> Application	Approved-Closed	06/22/2012
<b>Comments:</b>		
This rider will be added to the Policyholder Application C-PH-01-00 that was approved by your Department on 7/22/2010 (SERFF Tracking # AEGG-126732538).		

## Readability Certification

This is to certify that the forms listed below are in compliance with your state's readability requirements.

### A. Option Selected

- ☐ 1. Policy and its related forms are scored for the Flesch reading ease test as one unit and the combined score is \_\_\_\_\_.
- ☒ 2. Policy and its related forms are scored separately for the Flesch reading ease test. Scores for the policy and each form are attached.

Forms and Form Numbers to Which Certification is Applicable:

**See attached list**

### B. Test Option Selected


- ☒ 1. Test was applied to entire policy form(s)
- ☐ 2. Test was applied on sample basis. Form(s) contain(s) more than 10,000 words. Copy of form(s) enclosed indicating word samples tested.

### C. Standards for Certification

A checked block indicates standard has been achieved

- ☒ 1. The policy text achieves a minimum score of 45 on the Flesch reading ease test in accordance with the option chosen in Section A above.
- ☒ 2. It is printed in not less than ten point type, one point leaded. (This does not apply to specification pages, schedules and tables.)
- ☒ 3. The layout and spacing of the policy separate the paragraphs from each other and from the border of the paper.
- ☒ 4. The section titles are captioned in bold face type or otherwise stand out significantly from the text.
- ☒ 5. Unnecessarily long, complicated or obscure words, sentences, paragraphs or constructions are not used in the policy.
- ☒ 6. The style, arrangement and overall appearance of the policy give no undue prominence to any portion of the policy or to any endorsements or riders.
- ☒ 7. A table of contents or an index of the principal sections is included in the policy. (This applies only if the policy has more than 3,000 words or consists of more than 3 pages.)

The certification must be signed by an officer of the insurer.

	Assistant Secretary
Signature	Officer's Title
Officer's name: Patsy J. Napier	Date: June 19, 2012

**PORTABILITY BENEFIT RIDER**

<b>FORM NAME</b>	<b>FORM NUMBER</b>	<b>SYLLABLES</b>	<b>WORDS</b>	<b>SENTENCES</b>	<b>SCORE</b>
Portability Benefit Rider	CRDIPO00	1108	741	38	60.5